Alberta Health Facilities Review Committee

Annual Report 2011 – 2012

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Letter to the Minister of Health and Wellness

May 1, 2012

Fred Horne
Minister of Health and Wellness
208 Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Minister Horne:

It is my pleasure to present the Annual Report of the Alberta Health Facilities Review Committee for April 1, 2011 to March 31, 2012 in accordance with section 16(1) of the *Health Facilities Review Committee Act*. This report summarizes the observations of Committee members, as they travelled throughout the province to gather feedback and report on the quality of care provided to patients and residents in Alberta's acute care hospitals and nursing homes.

On behalf of the Committee, I would like to thank the previous Alberta Health Facilities Committee Chair, Mr. Barry Costello, and former Committee member, Ms. Dorothy Patry, both of whom provided conscientious and dedicated service for 10 continuous years. I would also like to thank the previous Vice-Chair, Velda Fulford, for her generous contributions to the work of the Committee and to welcome Ada Rawlins who will continue on in this role.

I also would like to express my appreciation to all Committee members and staff for their commitment and extensive work, and to acknowledge all staff at the facilities that were reviewed.

Respectfully submitted,

Brian R. Popp
Chair

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Members of the Committee 2011 – 2012

Front Row: Ada Rawlins (Vice-Chair), Brian R. Popp (Chair), Anita L. Sieben (Executive Director)

Back Row: Irene Sinclair (Administrative Assistant), Coreen Thacker (Member), Velda Fulford (Member), Cliff Storvold (Member), Elsie Kinsey (Member), Nada Chelvam (Member), Mary Rudko (Writer/Editor), Marlene Pedrick (Member)

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About the Committee ...

Who We Are

The Alberta Health Facilities Review Committee was established in 1973. The Committee is an active participant in Alberta's health care system, as it reviews the provision of services and the delivery of programs in hospitals and nursing homes.

The Committee consists of ten private citizens who possess varied backgrounds, expertise and work experience. The members of the Committee reside in both urban and rural communities throughout Alberta. They serve on the Committee on a part-time basis and are not employees of the provincial government.

An Executive Director, an Administrative Assistant and two Writer/Editors assisted the Committee during the fiscal year.

Our Mission

The mission of the Alberta Health Facilities Review Committee is to report to the Minister of Health and Wellness on the quality of care, treatment and standards of accommodation in hospitals and nursing homes throughout Alberta.

The Committee provides Albertans with a group of citizens to whom they may address their concerns relating to hospitals and nursing homes. The Committee acknowledges the importance of preserving the dignity and confidentiality of the individuals within the facilities it reviews. The Committee's main responsibilities involve conducting routine reviews of hospitals and nursing homes, investigating complaints made by or on behalf of patients or residents, and following up on referrals from the Minister, as set out in the *Health Facilities Review Committee Act*.

What We Do

The Committee's main activities include unannounced routine reviews of hospitals and nursing homes, complaint investigations, and regular and ad hoc Committee meetings.

The Committee also maintains ongoing communication with key stakeholder groups including Alberta Health Services, Health and Wellness, various health care and professional associations, owners/operators of hospitals and nursing homes, and patients, residents and families.

The scope of activities and mandate of the Committee are established by the *Health Facilities Review Committee Act*.

Overview

The Committee's objective is to gather information and report on the quality of life and services provided to patients and residents in Alberta's acute care, long-term care, combined acute/long-term care facilities and cancer centres.

The Committee believes that the highest level of care is delivered when all persons working in a facility cooperate and focus their energy on the patients and/or residents. The Committee believes in communication and cooperation that balance consumer choice and responsibility with the resources of health care providers. The Committee encourages discussion about operations and services within Alberta's hospitals and nursing homes.

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Routine Review Activity

Members of the Alberta Health Facilities Review Committee conduct unannounced routine reviews of the 228 facilities that fall under its mandate. During these reviews, members speak with as many patients, residents and family members as possible to determine their satisfaction with the care and treatment they receive. Over the course of the fiscal year, Committee members reviewed 101 facilities and spoke with over 2142 patients, 2070 residents, 1673 family members and visitors, and 3312 staff members and volunteers.

While conducting routine reviews, members work in teams of two or more, depending on the size of the facility. To assure uniformity throughout the reviews, the Committee has developed guidelines that provide each of the reviewing members with direction and resources.

During all reviews, members encourage open and frank discussion regarding how well facility operations are contributing to patient/resident satisfaction in relation to care, medication administration, staff attitudes and morale, rehabilitation and recreational programming, dietary services, safety, security, general environment or atmosphere, and general physical conditions.

Figure 1

Routine reviews do not extend into technical and specialized areas such as operating room procedures or diagnostic services. Discussions often elicit both positive and negative comments. In the case of negative feedback, and where the concerns fall within Committee's mandate, members may follow up with facility staff.

Upon conclusion of a review, members provide facility management with a candid verbal summary of their findings and/or concerns, and any recommendations they intend to make. When a concern exists that has the potential to pose a high risk for serious harm to patients or residents of a facility, Committee members follow up with facility management and will also notify the Executive Director of the Committee, who then follows a process to evaluate the risk and notify any appropriate external authorities for immediate follow-up action.

After meeting with facility management, members prepare a written report of their findings and recommendations, which is then submitted to the Committee for discussion. All completed reports are sent to the Minister of Health and Wellness, Alberta Health Services and the facility administrator. In the case of privately owned hospitals and nursing homes, the Committee also provides a joint letter to the owner/operator. Copies of reports that include information about long-term care are shared with the Ministry of Seniors. The Committee requests that the facilities respond to its recommendations within 60 days. Occasionally the Committee conducts follow-up reviews to monitor progress in resolving concerns and implementing recommendations.

All routine review reports are available to the public through the Health and Wellness library.

"The people who work here are incredible, so much loving care!"

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Observations in Patient and Resident Care

Number of reviews conducted from April 1, 2011 to March 31, 2012

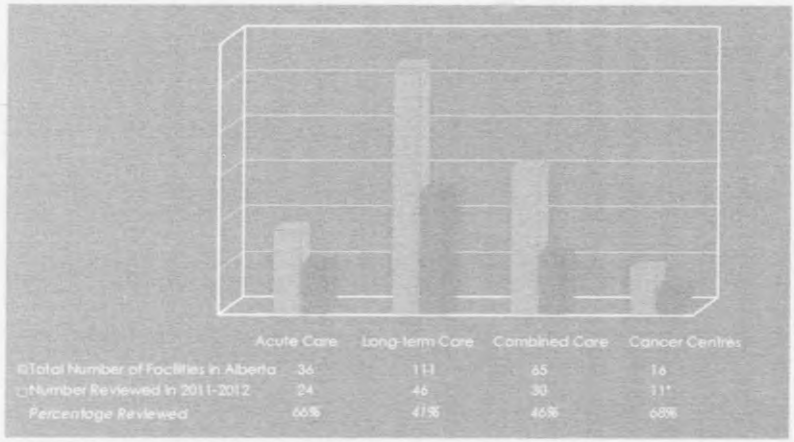
Acute Care
Long-term Care
Combined Care
Cancer Centres
Total Number of Facilities in Alberta 36 113 65 16
Number Reviewed in 2011-2012 24 46 30 11*
Percentage Reviewed 66% 41% 46% 68%

Figure 2

During the past fiscal year, the Committee reviewed 101 acute care hospitals, long-term care facilities, combined acute/long-term care facilities and cancer centres.

**A number of the cancer centres included in this total are located within acute and combined care facilities.*

Trends noted in recommendations made between April 1, 2011 to March 31, 2012

The Committee tracks the number of recommendations it makes for the facilities it reviews over the course of each year. Figure 3 shows the current trends in relation to those noted for the previous year.

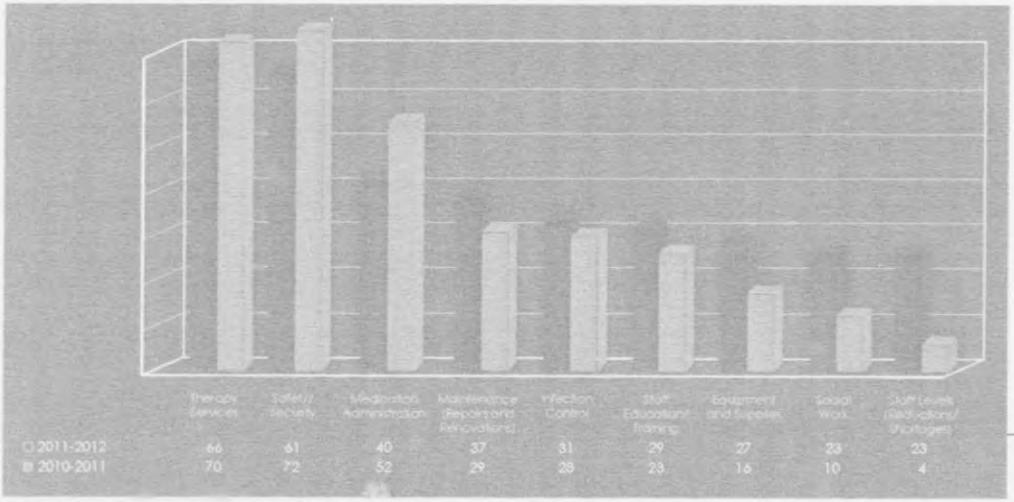
Therapy Services
Safety/ Security
Medication Administration
Maintenance (Repairs and Renovations)
Infection Control
Staff Education/ Training
Equipment and Supplies
Social Work
Staff Levels (Reductions/ Shortages)
2011-2012 66 61 40 37 31 29 27 23 23
2010-2011 70 72 52 29 28 23 16 10 4

Figure 3

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Acute Care

The past year was marked by continued public awareness of the evolving changes in the health care system. Committee members gathered feedback from patients, family members and visitors in a total of 24 acute care facilities between April 2011 and March 2012. While on review in acute care facilities, members made 179 new recommendations and followed up on 39 unresolved (repeat) recommendations from previous reviews.

While on review, members noted that:

- Staff continue to provide exceptional levels of care to patients across the province; even in circumstances where there are staff shortages, such as in rural facilities which report difficulties in recruiting staff.
- Some facilities are implementing unique programs, services and/or initiatives to contend with local or facility issues. Some of these initiatives included new methods for curbing wait times, exploring ways to increase patient comfort, and introducing innovative maternity and speech pathology services.
- Some facilities are making good use of community support beds to provide a more home-like environment for those recovering from injuries or surgeries prior to returning to the home environment.
- A number of acute care facilities have set up designated transition units for patients awaiting placement in alternate levels of care. These units provide more comprehensive services to these individuals and facilitate the transition into long-term care.
- However, a significant number of acute care facilities are reporting difficulty in placing patients with mental health, behavioural and/or financial concerns. Some of these facilities report average lengths of stay of about one year for these patients, and in some cases patients are waiting up to three years.
- While over-complement beds are not as prevalent as they were a few years ago, more than a half dozen facilities still use them on a regular basis.
- A number of smaller and rural facilities are still in need of social work and rehabilitative services.
- Staff from a number of facilities commented on the length of time it requires to purchase and procure equipment.
- Most facilities are working hard to enhance their handwashing programs and to encourage good hand hygiene in patients, visitors and staff.

Committee members spend a significant amount of their time talking with patients, family members, visitors and staff during routine reviews. The examples below provide insight into what the members were seeing and hearing on a day-to-day basis while conducting their reviews:

- While many of the patients and staff at facilities offering therapy programs appear to be satisfied with these services, there are still some facilities lacking the resources to provide sufficient rehabilitative therapies.
- Patients continued to be generally satisfied with the food being offered, and there appeared to be fewer negative comments regarding the Alberta Health Services 21-day menu.
- In facilities offering pediatric and neonatal services, parents were generally satisfied with the level of care provided to their children.

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Long-term Care

In this same period, the Committee reviewed 46 long-term care and 30 combined acute/long-term care facilities. During this time, they made a total of 267 new recommendations and 72 repeat recommendations.

Members recognize that the province continues to undergo a gradual shift to more individualized and community care that provides alternatives to lengthy institutional care.

Committee members also recognize two significant challenges that continue to face health care providers in long-term care. The first challenge is providing care to the increasing numbers of residents whose acuity levels continue to rise while attempting to meet the expectations of family members and communities. The second is providing quality care and services more efficiently and effectively within the resources currently available.

While conducting routine reviews in long-term care facilities members observed:

- That many facilities are seeing increasingly higher levels of acuity in new residents upon admission and are struggling under the need for increased staff resources to care for these residents. Some facilities are reporting that acuity levels have doubled over the past five years.
- Members have also learned that admission criteria and facility resources in long-term care facilities are factors in accommodating individuals with behavioural problems and/or minimal financial resources. This is creating difficulties for acute care facilities working to streamline placement for patients requiring alternative levels of care.

Committee members observed that cognitive impairments in resident populations are impediments to providing meaningful feedback about their care and quality of life.

However, members speak with as many residents as possible, observe others and often rely on feedback from family members and friends. Feedback gathered over the past year from those residents whose cognitive abilities are relatively intact and their family members indicated that:

- Residents and their family members continue to express a need for more rehabilitative services such as physiotherapy and occupational therapy, particularly in smaller and rural facilities, which report difficulty in recruiting therapists.
- In a number of facilities, residents continued to say that they would appreciate more recreation therapy and better ways to occupy their time.
- A significant number of family members felt that more recreational activities would contribute to a better quality of life. Family members of residents in facilities offering cognitive support programs for residents with significant impairment were appreciative of these services.
- While there were still a number of comments on the food services provided at many of the facilities, residents appeared to be more satisfied with enhancements to the Alberta Health Services 21-day menu.
- Members observed that while many of the older facilities throughout the province are undergoing or have undergone renovations, the residents' rooms in some facilities remain relatively small, with little space for residents' personal or comfort items. Renovations and repairs are still concerns in many of the older facilities.

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Complaint Investigation Activity

The Committee investigates complaints made by or on behalf of specific patients or residents in acute care hospitals, long-term care facilities, combined acute/long-term facilities and cancer centres. Patients or residents may file complaints about any aspect of their care, safety or satisfaction. Those initiating complaints may contact the Committee by phone, mail or in person at the Alberta Health Facilities Review Committee office.

When complainants contact the Committee office, they are encouraged to attempt resolution by contacting the facility directly. If this fails, complainants are offered a choice to pursue resolution through the Alberta Health Services Patient Concerns Department or through the Committee's investigative process. If the complainant's concerns are not resolved through the Patient Concerns Department, or if the complainant opts for a Committee investigation (and the patient or resident's concerns fall within the Committee's legislated mandate) the Committee will investigate.

All complainants must complete and sign a *Complaint Form* and an *Authorization to Disclose Health Information* form, both of which are available online or through the Committee office. Authorization to review the health records and to discuss the patient or resident's care with facility staff enables the members to conduct a thorough investigation. The Executive Director reviews the complaint forms and accompanying documentation, and a decision is made as to whether the complaint falls within the Committee's mandate. If the complaint is outside the Committee's mandate, the complainant is referred to the appropriate authority.

Five Year Summary of Complaints

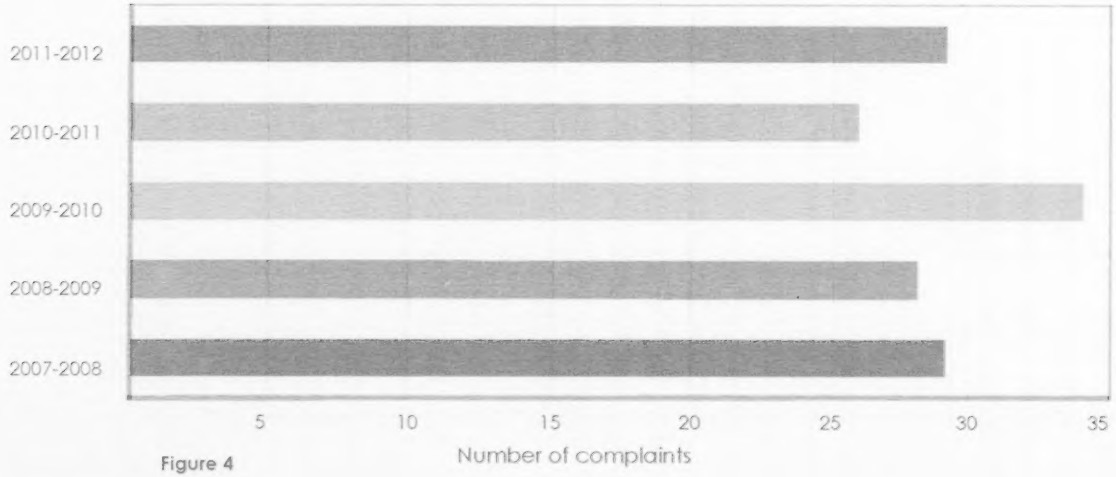

Figure 4

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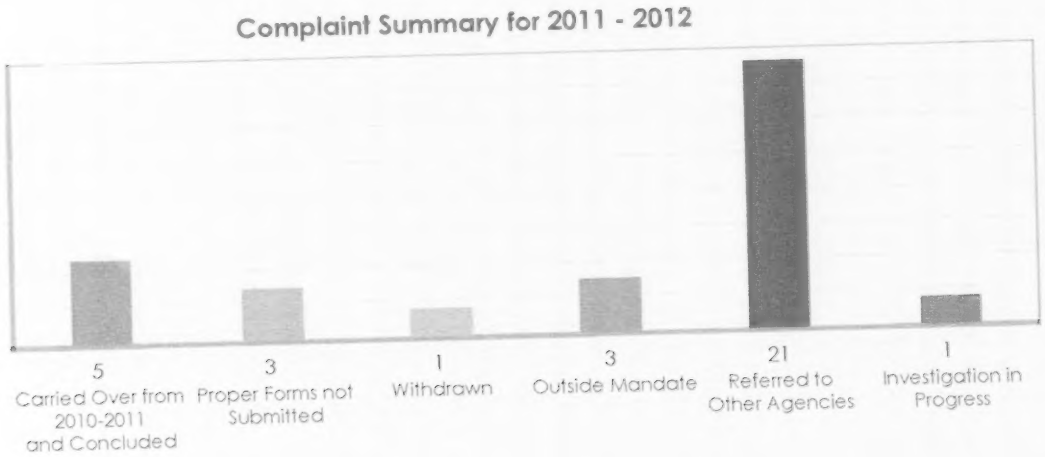

Figure 5

The Committee cannot investigate complaints about physician conduct, medical decisions, or the conduct of other professionals (such as nurses) who are regulated by their own professional associations. Persons registering these types of complaints are referred to the appropriate organization. Complaints relating specifically to abuse are referred to Protection for Persons in Care.

Complaints that fall within the Committee's mandate are investigated by a team of Committee members who review all pertinent health information, and interview the complainant, and arrange interviews with relevant facility personnel.

Investigations may result in recommendations to the facility that are intended to increase the welfare and comfort of the patients and residents. Throughout the complaint investigation process, the Committee operates on the principle that open communication is the best tool for resolving conflicts.

Members work to help the parties understand the nature of the problem and to identify expectations or limitations that may affect the resolution. Helping the parties to arrive at a clear understanding of their respective issues and viewpoints facilitates the shared task of problem resolution. Members believe that problem resolution is the shared responsibility of both facility users and providers, and they encourage all parties involved in conflicts to assume joint responsibility for problem-solving.

Copies of the investigation report are sent to the complainant, the Minister of Health and Wellness, Alberta Health Services, the administration of the facility, and where applicable, to owner/operators of non-profit or private organizations.

Figure 4 shows a comparison of the number of complaints the Committee has received each year since 2007. Figure 5 shows a summary of complaints received during the fiscal year.

"All is in place – pain control is provided with good answers to our questions."

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Process for Determining Complaints Jurisdiction

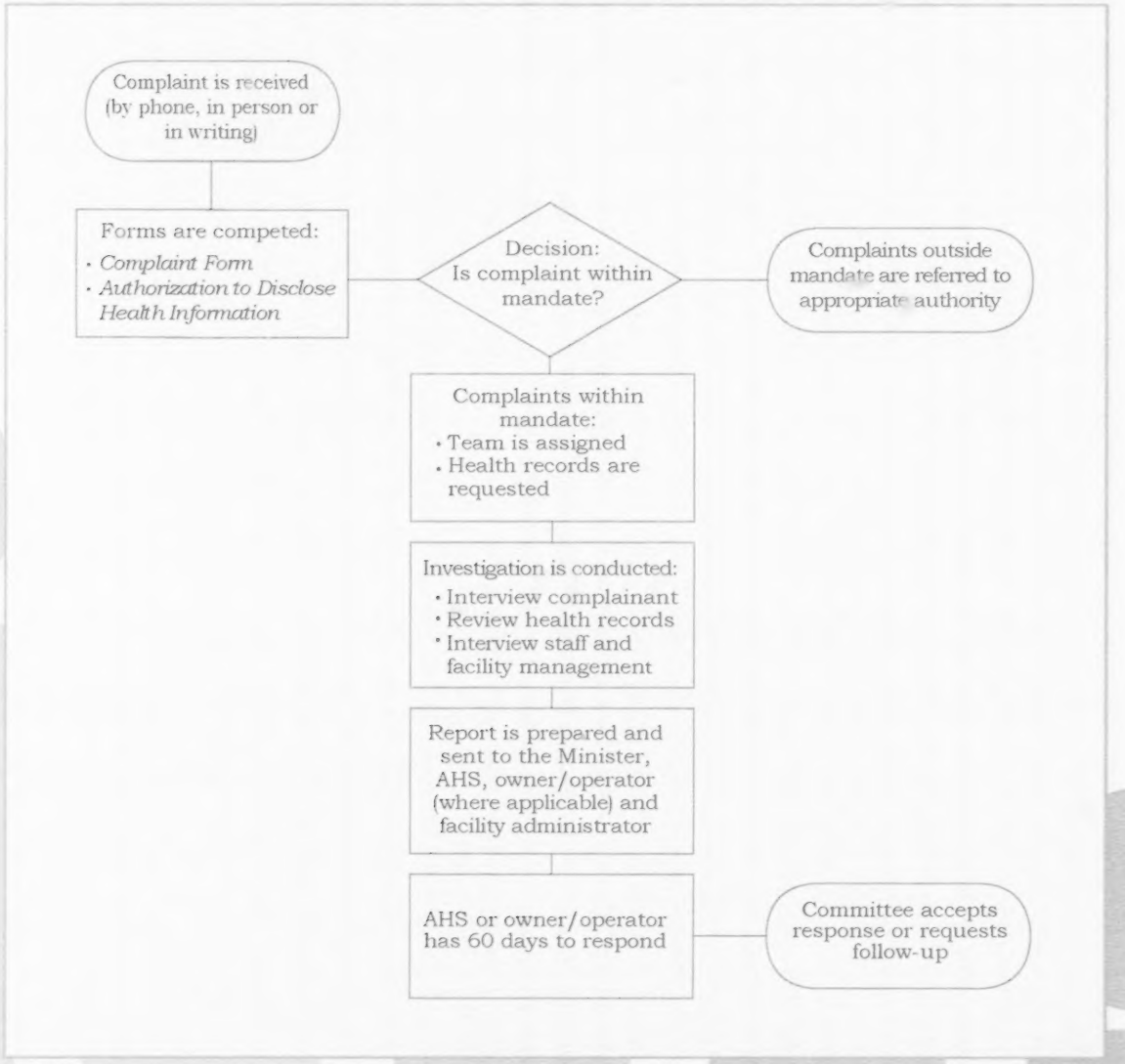
Complaint is received (by phone, in person or in writing)
Forms are competed:
• Complaint Form
• Authorization to Disclose Health Information
Decision: Is complaint within mandate?
Complaints outside mandate are referred to appropriate authority
Complaints within mandate:
• Team is assigned
• Health records are requested
Investigation is conducted:
• Interview complainant
• Review health records
• Interview staff and facility management
Report is prepared and sent to the Minister, AHS, owner/operator (where applicable) and facility administrator
AHS or owner/operator has 60 days to respond
Committee accepts response or requests follow-up

Figure 6

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Types of Facilities Identified in Complaints

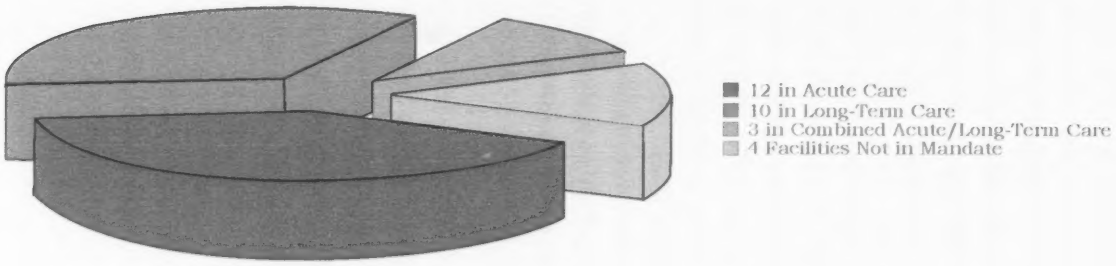

Figure 7

Nature of Complaints Received

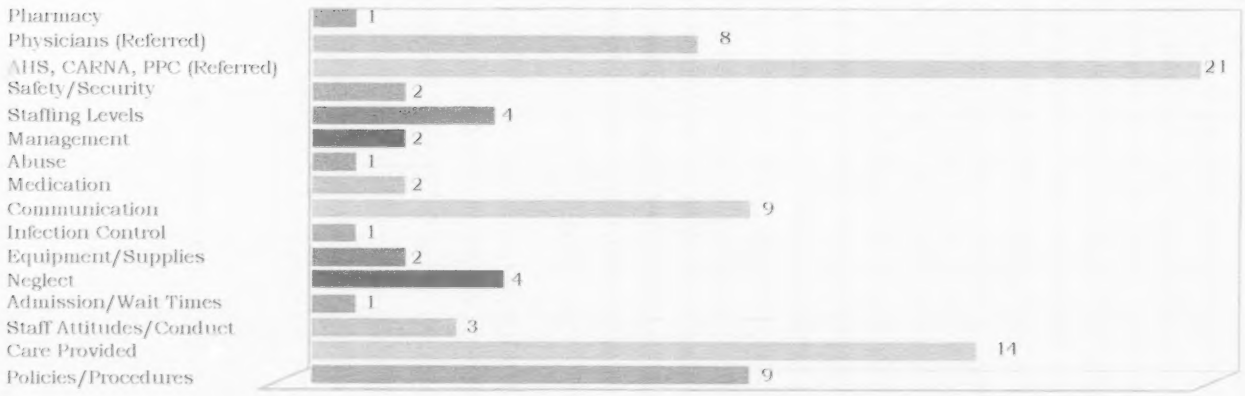

Figure 8

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2011 – 2012 Accomplishments

The 2011 – 2012 fiscal year was a busy time during which the Committee underwent changes in leadership and membership. In anticipation of filling at least three vacancies and with the support of the Health and Wellness Corporate Support Division, the Committee initiated a recruitment process. New member requirement information was provided to the division and the positions were posted. Interviews were held to set the stage for the selection of candidates that will be appointed at an appropriate date.

Amidst these changes, the Committee continued to consult with other groups to share information and to stay abreast of changes occurring within the health system.

Representatives from Alberta Health Services Nutrition and Food Services provided a presentation to the Committee regarding updates to the Alberta Health Services Provincial Menu Program. Mr. Bruce West, Executive Director, of the Alberta Continuing Care Association (ACCA) met with the Committee Chair and Executive Director in a joint information sharing session. Subsequent to the session, Mr. West provided a presentation of the group's activities and future direction to the Committee members. The Committee Chair and Executive Director later provided a presentation about the Committee at an ACCA quarterly board meeting. The Executive Director of Accreditation, and the Director of Accreditation Implementation and Integration, Quality and Healthcare Improvement with Alberta Health Services, provided a presentation to the Committee. Ms. Susan Mumme, Senior Vice-President, Quality & Healthcare Improvement, and Ms. Helen Stokes, Vice-President, Quality Stewardship, Alberta Health Services, provided a presentation to the Committee to share information regarding the health region's process in responding to Committee recommendations.

The Committee held a development day dedicated to its focus on the patient/resident experience in the context of routine reviews. Throughout the year, the Committee continued working toward a framework of definitions, guidelines and tools for routine reviews that will better reflect the patient/resident experience.

The Committee and Alberta Health Services have agreed that complaint investigation responses sent to the Committee from Dr. Eagle, President and Chief Executive Officer, can be shared with the complainants, and all the responses to the complaints investigated during the fiscal year were copied and forwarded to the complainants.

Additionally, with the support of the staff and continued revision of the routine review schedule, the Committee was able to increase the number hospitals and nursing homes it reviewed over the year.

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Expenditures

Annual Expenditures for 2011 - 2012

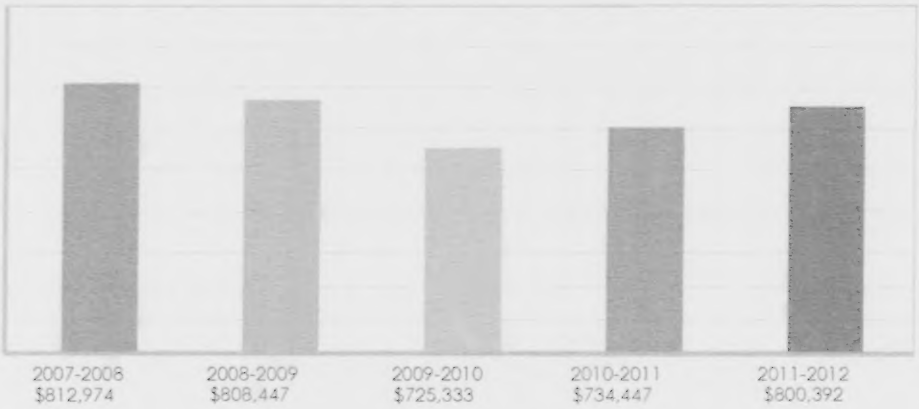

Figure 9

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For Further Information

For additional copies of this document or further information about the Alberta Health Facilities Review Committee, contact:

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Edmonton AB T5J 3S9

Telephone: (780) 427-4924
Fax: (780) 427-0806

Information about the Committee and copies of previous Annual Reports may also be obtained at: www.health.alberta.ca/about/hfrc.html

Members of the public are encouraged to call, write or visit the Committee office. To contact the Alberta Health Facilities Review Committee office toll-free from anywhere in Alberta, call 310-0000 followed by (780) 427-4924.

Copies of the *Health Facilities Review Committee Act* are available from:

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